

## THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Upvan NARANG et al.

Application No.:

09/430,177

Filing Date:

October 29, 1999

Title:

ADHESIVE APPLICATOR TIP WITH A POLYMERIZATION INITIATOR, POLYMERIZATION RATE MODIFIER, AND/OR

**BIOACTIVE MATERIAL** 

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

As the Assignee(s) of the entire interest in the above-identified patent/application, all powers of attorney previously given are hereby revoked, and the attorneys and agents associated with the following PTO Customer Number of Hutchison & Mason PLLC are hereby appointed to prosecute and to transact all business in the U.S. Patent and Trademark Office connected therewith:

## **Customer Number 45473**

Please change the correspondence address for the above-identified application to the address associated with the following PTO Customer Number:

## **Customer Number 45473**

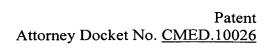
The undersigned, whose title(s) is/are supplied below, is/are empowered to sign this statement on behalf of the Assignee(s).

Date: 1 19-05

Name: Benny Ward

Title: CFO and VP of Finance

Company: Closure Medical Corporation





Applicant/Patent Owner:	Upvan NARANG et al.		
Application No./Patent No.:	09/430,177		
Filing Date/Issue Date:	October 29, 1999		
Title:	ADHESIVE APPLICATOR TIP WITH A POLYMERIZATION INITIATOR, POLYMERIZATION RATE MODIFIER, AND/OR BIOACTIVE MATERIAL		
Closure Medical Corpo	ration, a Corporation states that it is the assignee of the entire		
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The assignment was rec	corded in the U.S. Patent and Trademark Office at Reel		
010581, Frame 0536, or	r for which a copy thereof is attached.		
OR			
B. A chain of title from the	e inventor(s), of the patent application/patent identified above,		
to the current assignees	as shown below:		
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Additional documer	nts in the chain of title are listed on a supplemental sheet.		
	ther documents in the chain of title are attached.		
_ <u> </u>			

The undersigned (whose title is supplied below) is authorized to act on behalf of the indicated assignee.

CLOSURE MEDICAL CORPORATION	1/14/05	
Signature	Date	
Benny Ward	919-876-7800	
Printed or Typed Name	Telephone Number	
CFO and VP of Finance		
Title		